

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Council of Life Insurers Political Action Committee

ADDRESS (number and street) ▼

101 Constitution Ave., NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00147066

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer

Mr. Donald L. Walker

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 05 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 05 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2014		463302.78
(b) Cash on Hand at Beginning of Reporting Period.....	486223.98	
(c) Total Receipts (from Line 19) .....	54821.13	232842.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	541045.11	696145.11
7. Total Disbursements (from Line 31) .....	36000.00	191100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	505045.11	505045.11
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 05 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 05 / 31 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

23584.52

101870.13

(ii) Unitemized .....

4236.61

16472.20

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

27821.13

118342.33

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

27000.00

114500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

54821.13

232842.33

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

54821.13

232842.33

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

54821.13

232842.33

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35500.00	187500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5.00
29. Other Disbursements .....	500.00	3595.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36000.00	191100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36000.00	191100.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	54821.13	232842.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54821.13	232837.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kathleen A Farrell**

Mailing Address 4635 Sguar Creek Ct

City  
Lincoln

State  
NE

Zip Code  
68516-3037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Assurity

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 14 / 2014

Transaction ID : 59871050

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Ms. Caren L. Hamilton**

Mailing Address 3134 Brentwood Blvd

City

Grand Island

State

NE

Zip Code

68801-7251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beardmore Chevrolet

Occupation

Auto Dealership Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 14 / 2014

Transaction ID : 59871051

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Dr. James E. McClurg**

Mailing Address 2030 Surfside Drive

City

Lincoln

State

NE

Zip Code

68528-1752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Technical Development Resources Compan

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 14 / 2014

Transaction ID : 59871052

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Angie Muhleisen**

Mailing Address 6321 Doecreek Cr.

City  
Lincoln

State  
NE

Zip Code  
68516-3796

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Union Bank & Trust Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 14 / 2014

Transaction ID : 59871267

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. William W Lester**

Mailing Address P O Box 81889

City  
Lincoln

State  
NE

Zip Code  
68510-2234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ameritas

Occupation

EVP & Corporate Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 14 / 2014

Transaction ID : 59871269

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Robert-John H Sands**

Mailing Address 5900 O Street

City  
Lincoln

State  
NE

Zip Code  
68510-2234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ameritas

Occupation

Sr VP & Corporate Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 14 / 2014

Transaction ID : 59871270

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 34

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Kenneth L VanCleave**

Mailing Address 475 Fallbrook Blvd

City  
LincolnState  
NEZip Code  
68521-9033FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ameritas Life Insurance Corp.

Occupation

President, Group Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2014

Transaction ID : 59871271

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Tim Stonehocker**

Mailing Address 5900 O Street

City  
LincolnState  
NEZip Code  
68510-2234FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ameritas Life Insurance Corp.

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2014

Transaction ID : 59871465

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Janet Schmidt**Mailing Address 4550 Montgomery Avenue  
10th FloorCity  
BethesdaState  
MDZip Code  
20814-3304FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ameritas Life Insurance Corp.

Occupation

SVP, Director Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2014

Transaction ID : 59871466

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 9 OF 34  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mary Rutford**

Mailing Address 7500 Sugar Creek Circle

City State Zip Code  
 Lincoln NE 68516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ameritas Life Insurance Corp.

Occupation  
 VP - Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : 59871467**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Susan K Wilkinson**

Mailing Address 5900 O Street

City State Zip Code  
 Lincoln NE 68510-2234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ameritas

Occupation  
 Senior Vice President - Planning & Ris

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : 59871468**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. JoAnn M. Martin**

Mailing Address 5900 O Street

City State Zip Code  
 Lincoln NE 68510-2234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ameritas Life Insurance Corp.

Occupation  
 Chair, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : 59871469**

Amount of Each Receipt this Period

2350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James T Morris**

Mailing Address 32141 Cook Lane

City

San Juan Capistrano

State

CA

Zip Code

92675-3934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life Insurance Company

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 14 / 2014

**Transaction ID : 59871470**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas E. Henning CLU**

Mailing Address 200 Centennial Mall North

City

Lincoln

State

NE

Zip Code

68508-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Assurity Security Group, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 19 / 2014

**Transaction ID : 60312514**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Mr. William R. Cintani**

Mailing Address 9221 Tuscan CT

City

Lincoln

State

NE

Zip Code

68520-1470

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mapes Industries, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 19 / 2014

**Transaction ID : 60312748**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

10300.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Steve Erwin**

Mailing Address 7290 Cole Ct

City  
Lincoln

State  
NE

Zip Code  
68506-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. Bank National Association

Occupation

President, Nebraska/ Western Iowa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 19 / 2014

Transaction ID : 60312749

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Marc LeBaron**

Mailing Address 6130 The Knolls

City  
Lincoln

State  
NE

Zip Code  
68512-1942

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lincoln Industries

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 19 / 2014

Transaction ID : 60312752

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Sharon Cheever**

Mailing Address 33512 Valle Rd

City  
San Juan Capistrano

State  
CA

Zip Code  
92675-4838

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life Insurance Company

Occupation

Senior Vice President, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 28 / 2014

Transaction ID : 60312839

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Marvin P. Ehly**

Mailing Address 9900 Van Dorn Street

City  
Lincoln

State  
NE

Zip Code  
68520-9446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Assurity Life Insurance Company

Occupation

Vice President & Chief Financial Offic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 27 / 2014

**Transaction ID : 60312940**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Donald L. Walker**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Administration & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2014

**Transaction ID : PR1156427133427**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Mandana Parsazad**

Mailing Address 1914 Horse Shoe Drive

City  
Vienna

State  
VA

Zip Code  
22182-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Counsel, Taxes & Retirement Sec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 31 / 2014

**Transaction ID : PR1481799833427**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mr. Walter C. Welsh**

Mailing Address 101 Constitution Ave, NW  
 101 Constitution Ave, NW

City Washington State DC Zip Code 20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2008.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2014

Transaction ID : PR1550105933427

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Kathleen F. Kiernan**

Mailing Address 101 Constitution Ave, NW  
 Suite 700

City Washington State DC Zip Code 20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Counsel, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2014

Transaction ID : PR1728112733427

Amount of Each Receipt this Period

241.36

P/R Deduction (\$120.68 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Carolyn C. Cobb**

Mailing Address 101 Constitution Ave, NW  
 Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President &amp; Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1147.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2014

Transaction ID : PR1821819633427

Amount of Each Receipt this Period

229.48

P/R Deduction (\$114.74 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

887.50

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. The Honora Dirk A. Kempthorne**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

05 / 31 / 2014

Transaction ID : PR1871324533427

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Brian Waidmann**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 31 / 2014

Transaction ID : PR1872428333427

Amount of Each Receipt this Period

400.00

P/R Deduction (\$200.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

## **C. William R Hobbs**

Mailing Address 13005 Windsor Circle

City Leawood State KS Zip Code 66209-1793

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fidelity Security

Occupation  
VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2014

Transaction ID : PR1964225733427

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

866.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anita Peduzzi**

Mailing Address 101 Constitution Avenue  
Suite 700 W

City Washington State DC Zip Code 20001-2146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
PAC Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 31 / 2014

Transaction ID : PR1978714933427

Amount of Each Receipt this Period

83.34

P/R Deduction (\$41.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Jessica M. M Hanson**

Mailing Address 1707 Prince St.  
#2

City Alexandria State VA Zip Code 22314-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.20

Date of Receipt

05 / 31 / 2014

Transaction ID : PR2023274633427

Amount of Each Receipt this Period

83.40

P/R Deduction (\$41.70 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**c. Emily C. C Micale**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2014

Transaction ID : PR2122882033427

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

216.74

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. James Szostek**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2014

Transaction ID : PR2122891033427

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

## **B. Ian F. F Steger**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Legislative Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 31 / 2014

Transaction ID : PR2160513733427

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

## **c. Mr. Gary E. Hughes**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1783.21

Date of Receipt

05 / 31 / 2014

Transaction ID : PR771358233427

Amount of Each Receipt this Period

356.64

P/R Deduction (\$178.32 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

456.64

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Linda H. Cunningham**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Conference Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.69

Date of Receipt

05 / 31 / 2014

Transaction ID : PR771362433427

Amount of Each Receipt this Period

116.34

P/R Deduction (\$58.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. John F. Dolan**

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 31 / 2014

Transaction ID : PR771365433427

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. J. Bruce Ferguson**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.61

Date of Receipt

05 / 31 / 2014

Transaction ID : PR771373233427

Amount of Each Receipt this Period

308.12

P/R Deduction (\$154.06 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

484.46

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Shawn Hausman**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.11

Date of Receipt

05 / 31 / 2014

Transaction ID : PR771373533427

Amount of Each Receipt this Period

64.22

P/R Deduction (\$32.11 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. David M. Leifer**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

861.69

Date of Receipt

05 / 31 / 2014

Transaction ID : PR771374033427

Amount of Each Receipt this Period

172.34

P/R Deduction (\$86.17 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. C. Bryan Cox**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

05 / 31 / 2014

Transaction ID : PR771376833427

Amount of Each Receipt this Period

58.40

P/R Deduction (\$29.20 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

294.96

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. John W. Mangan CEBS**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 31 / 2014

Transaction ID : PR771377133427

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Kimberly O. Dorgan**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Executive Vice President, Publi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

05 / 31 / 2014

Transaction ID : PR771395133427

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Morris R. Goff**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1017.51

Date of Receipt

05 / 31 / 2014

Transaction ID : PR771419333427

Amount of Each Receipt this Period

203.50

P/R Deduction (\$101.75 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

820.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Ms. Brenda S. Nation**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 31 / 2014

Transaction ID : PR771419933427

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Debra K. West**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2014

Transaction ID : PR771421033427

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Lisa J. Tate**

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

VP, Litigation & Assoc. Gen. Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 31 / 2014

Transaction ID : PR771423233427

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. John P. John P. Gerni**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 31 / 2014

**Transaction ID : PR771428733427**

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. David C. Turner**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

EVP, Chief of Staff & Corp. Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1353.40

Date of Receipt

05 / 31 / 2014

**Transaction ID : PR771428933427**

Amount of Each Receipt this Period

270.68

P/R Deduction (\$135.34 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Alane R. Dent**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

993.79

Date of Receipt

05 / 31 / 2014

**Transaction ID : PR771444333427**

Amount of Each Receipt this Period

198.76

P/R Deduction (\$99.38 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

619.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mr. Andrew M. Melnyk**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Managing Director, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.49

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2014

Transaction ID : PR771445833427

Amount of Each Receipt this Period

41.30

P/R Deduction (\$20.65 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Julie A. Spiezio**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2014

Transaction ID : PR771449633427

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Maurice A. Perkins**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2014

Transaction ID : PR805149133427

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

557.96

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Wayne A. Mehlman**

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2014

**Transaction ID : PR904819533427**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

23584.52

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 34

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Ameritas Life Insurance Corp PAC**

Mailing Address 5900 O Street

City  
Lincoln

State  
NE

Zip Code  
68510

FEC ID number of contributing  
federal political committee.

**C** C00187138

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**05** / **14** / **2014**

**Transaction ID : 59871036**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Pacific Life PAC**

Mailing Address 700 Newport Center Drive

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

**C** C00068528

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**05** / **19** / **2014**

**Transaction ID : 60312516**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. American Enterprise Mutual Holding Co. PAC**

Mailing Address 601 6th Avenue

City

Des Moines

State

IA

Zip Code

50334

FEC ID number of contributing  
federal political committee.

**C** C00367524

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**05** / **19** / **2014**

**Transaction ID : 60312523**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 34

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Massachusetts Mutual Life Ins. Co PAC**

Mailing Address 1295 State Street

City State Zip Code  
 Springfield MA 01111

FEC ID number of contributing  
federal political committee.

**C** C00118943

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**05 / 28 / 2014**

**Transaction ID : 60312783**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Thrivent Financial PAC**

Mailing Address P.O. Box 1892

City State Zip Code  
 Appleton WI 54912

FEC ID number of contributing  
federal political committee.

**C** C00121319

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**05 / 28 / 2014**

**Transaction ID : 60312784**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Sammons Enterprises Inc. PAC**

Mailing Address 5949 Sherry Lane  
 Suite 1900

City State Zip Code  
 Dallas TX 75225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**05 / 28 / 2014**

**Transaction ID : 60312861**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

15000.00

**TOTAL** This Period (last page this line number only)..... ►

27000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shelby for US Senate**

Mailing Address P.O. Box 1091

City	State	Zip Code
Tuscaloosa	AL	35401

Purpose of Disbursement

011

Candidate Name

**Richard Shelby**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	05	/	2014

**Transaction ID : 59603543**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Hagan For Us Senate**

Mailing Address PO Box 29103

City	State	Zip Code
Greensboro	NC	27429

Purpose of Disbursement

011

Candidate Name

**Kay Hagan**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	05	/	2014

**Transaction ID : 59603544**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Tiberi for Congress**

Mailing Address 217 Third Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Candidate Name

**Patrick Tiberi**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	05	/	2014

**Transaction ID : 59603545**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tiberi for Congress**

Mailing Address 217 Third Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Candidate Name

**Patrick Tiberi**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603546**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City	State	Zip Code
LaCrosse	WI	54601

Purpose of Disbursement

011

Candidate Name

**Rep. Ron Kind**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603547**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City	State	Zip Code
LaCrosse	WI	54601

Purpose of Disbursement

011

Candidate Name

**Rep. Ron Kind**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603548**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth	State OH	Zip Code 44281
-------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

**Rep. Jim Renacci**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603549**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Peters for Michigan**

Mailing Address P O Box 266

City Bloomfield	State MI	Zip Code 48303
--------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

**Gary Peters**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603550**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Citizens For Waters**Mailing Address 3700 Wilshire Blvd  
Suite 1050-B

City Los Angeles	State CA	Zip Code 90010
---------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

**Rep. Maxine Waters**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 35

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603552**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. The Freedom Fund**

Mailing Address 128 North Columbus Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603553**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Prairieland PAC**Mailing Address 228 S Washington St  
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement

011

Candidate Name

Category/  
Type**Prairieland PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603555**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Nancy Pelosi For Congress**Mailing Address 700 13th St NW  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement

011

Candidate Name

Category/  
Type**Rep. Nancy Pelosi**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603556**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nancy Pelosi For Congress**Mailing Address 700 13th St NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

**Rep. Nancy Pelosi**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: CA District: 08Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603558**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Rob Portman for US Senate**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

Candidate Name

**Mr. Rob Portman**Office Sought: ☐ House  
☒ Senate  
☐ President  
State: OH District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603559**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Royce Campaign Committee**

Mailing Address P.O. Box 2525

City Orange State CA Zip Code 92859

Purpose of Disbursement

Candidate Name

**Ed Royce**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: CA District: 40Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603561**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul Ryan for Congress**

Mailing Address P.O. Box 1488

City	State	Zip Code
Janesville	WI	53547

Purpose of Disbursement

011

Candidate Name

**Paul Ryan**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603562**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Richard E. Neal for Congress Committee**

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement

011

Candidate Name

**Richard Neal**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603564**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Richard E. Neal for Congress Committee**

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement

011

Candidate Name

**Richard Neal**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : 59603565**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Congressional Black Caucus PAC**Mailing Address 227 Massachusetts Ave NE  
Suite 201

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2014

Transaction ID : 59603566

Amount of Each Disbursement this Period

5000.00
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00
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35500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Citizens for Kevin Bacon**

Mailing Address 5325 Ponderosa Dr

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement  
Kevin Bacon, STATE SENATE 3rd OH

Candidate Name

OH Sen. Kevin Bacon

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : 59800543

Amount of Each Disbursement this Period

500.00
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Kevin Bacon, STATE SENATE 3rd OH

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00
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500.00
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